

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

4-22-09

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	7					
2	7					
3	7					
4	1					
5	2					
6	2					
7	1					
8						
9						
10						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	6					
TOTAL CLAIMS	9					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						